



John E. Baldacci  
Governor

Telephone: (207) 287-3846  
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## MAINE DEPARTMENT OF AGRICULTURE FOOD AND RURAL RESOURCES

OFFICE OF THE COMMISSIONER  
**ANIMAL WELFARE PROGRAM**  
**28 STATE HOUSE STATION**  
**AUGUSTA, MAINE 04333-0028**

Norma J. Worley, Director  
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Seth H. Bradstreet, III  
Commissioner

Fax: (207) 624-5028

### Breeding Kennel Application

Facility Name: \_\_\_\_\_ Sales Tax ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location/directions: \_\_\_\_\_

Facility Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
First MI Last Nickname/Maiden name

Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Co-Owner Name: \_\_\_\_\_  
First MI Last Nickname/Maiden name

Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

#### 7§ 3935. License Prohibited

The department may not issue a license to maintain a boarding kennel, a breeding kennel or pet shop to a person who, within the **10** years previous to the application for the license, has been convicted of **murder, a Class A or B offense, a violation under a Title 17-A, chapter 9, 11, 12 or 13 or** a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within **10** years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 **or has been convicted or adjudicated in any other state provincial or federal court of a violation similar to those specified in this section**

**\*\*\*A criminal background check is required by law. Please include **\$25.00** per owner in addition to the license fee of **\$75.00**. Check payable to Treasurer, State of Maine.**

## Breeding Kennel Supplemental Application

Total Number of Dogs/Cats: \_\_\_\_\_

Name of Breeds: \_\_\_\_\_

Number of adults per breed:

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

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Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Please describe the indoor facilities(Crates, pens, free-housing etc.): \_\_\_\_\_

\_\_\_\_\_

Outdoor Facilities(houses, ties, runs, free access to kennel): \_\_\_\_\_

\_\_\_\_\_

Location of the whelping box/area, describe: \_\_\_\_\_

\_\_\_\_\_

Quarantine/Isolation area: \_\_\_\_\_

\_\_\_\_\_

Exercise Program: \_\_\_\_\_

\_\_\_\_\_

Describe your protocol for disease control(Deworming; Vaccination Products and Schedules): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List products used for cleaning and disinfection: \_\_\_\_\_

\_\_\_\_\_

Describe your protocol for cleaning and disinfection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of records: \_\_\_\_\_

Veterinarian of record, Name, Address, Phone number: \_\_\_\_\_

\_\_\_\_\_

How long? \_\_\_\_\_

Describe the vaccination protocol for the puppies/kittens: \_\_\_\_\_

\_\_\_\_\_

For Adults, who administers the shots/medication: \_\_\_\_\_

Describe the vaccination protocol for the Adults: \_\_\_\_\_

\_\_\_\_\_

Have you owned or been involved with a breeding kennel in another location or State? \_\_\_\_\_

If so, where? \_\_\_\_\_

**Please enclose a copy of your current sales contract.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Kennel Name